

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

COOPERATIVE OF AMERICAN PHYSICIANS IE COMMITTEE

FEC IDENTIFICATION NUMBER ▼

C C00492116

Check If ☒ 24-hour report ☐ 48-hour report☒ New report ☐ Amends report filed on

M M / D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

Chris Jones Consulting

Date

M M / D D / Y Y Y Y Y Y
10 / 29 / 2012

Mailing Address 3245 Granite Creek Pl

Amount

17583.00

City

Newcastle

State

CA

Zip Code

95658

Transaction ID : WFT20129291816-1

Purpose of Expenditure
MailingCategory/
Type

Office Sought:

☒ House

State: CA

☐ Senate

District: 36

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Mack Bono Mary

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

M M / D D / Y Y Y Y Y Y

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

17583.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

17583.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Pessner Alan Ki

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 29 / 2012

Signature